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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of

Piljac, et al.

Serial No.: 09/644,984

Group Art Unit: 1623

Filed: August 24, 2000

Examiner: H. Owens, Jr.

For: USE OF RHAMNOLIPIDS IN WOUND HEALING, TREATING BURN SHOCK,
ATHEROSCLEROSIS, ORGAN TRANSPLANTS, DEPRESSION,
SCHIZOPHRENIA AND COSMETICS

Mail Stop Petition
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

**PETITION TO REINSTATE APPLICATION
AND, IN THE ALTERNATIVE,
PETITION TO REVIVE APPLICATION UNDER 37 CFR §1.137(B)**

The undersigned requests reinstatement and prompt resumption of examination of this case, in view of the following facts.

- A One-Month Office Action was issued on May 19, 2003.
- A Notice of Abandonment was issued in error on September 24, 2003, prior to expiration of the response period.
- A Reply to the Office Action was timely filed on November 19, 2003, but apparently has not been acted upon because of the erroneous Notice of Abandonment.

14/26/2005 JBALINAN 00000100 024800 09644984

01 FC:2453 750.00 DA

Adjustment date: 08/17/2005 AKELLEY
04/26/2005 JBALINAN 00000100 024800 09644984
01 FC:2453 750.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----|----|------|
| 1 Date of Request: <u>8-16-05</u> | | 2 Serial/Patent # <u>09/044,984</u> | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | |
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| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>02</td> <td>--</td> <td>4800</td> </tr> </table> | | 02 | -- | 4800 |
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| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | |
| <u>PTD error - abandonment withdrawn.</u> | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | |
| TYPED/PRINTED NAME: <u>Andrea Smith</u> | | TITLE: <u>Asst. Examiner</u> | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571-212-3226</u> | | | | |
| OFFICE: <u>Dir. of Petitions</u> | | | | | | |
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